

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

2004 JAN 15 AM 8:38

**FORM C/OH
COVER SHEET PG 1****The C/OH INSTRUCTION GUIDE explains how to complete this form.****1 ACCOUNT #**
(Ethics Commission filers)**2 Total pages filed:**

14

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

**3 CANDIDATE /
OFFICEHOLDER
NAME**

TITLE	FIRST	MI
	Mary	P.
NICKNAME	LAST	SUFFIX
Patti	Radle	

**4 CANDIDATE /
OFFICEHOLDER
ADDRESS**

ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
1202 Tampico Street, San Antonio, Tx 78207				

☐ Change of Address**5 CAMPAIGN
TREASURER
NAME**

TITLE	FIRST	MI
	(see attached form)	
NICKNAME	LAST	SUFFIX

**6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)**

STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
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**7 CAMPAIGN
TREASURER
PHONE**

AREA CODE	PHONE NUMBER	EXTENSION
()		

8 REPORT TYPE

<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final report (Attach C/OH - FR)

**9 PERIOD
COVERED**

Month	Day	Year	THROUGH	Month	Day	Year
7	/01	/03		12	/31	/03

10 ELECTION

ELECTION DATE	ELECTION TYPE
Month / Day / Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special

11 OFFICE

OFFICE HELD (if any)	12 OFFICE SOUGHT (if known)
District 5 Council Representative	

**13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS**

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name	(see attached form)
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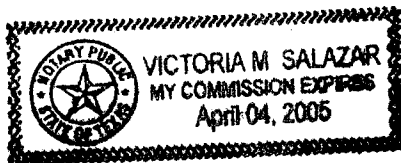
Address / PO Box;	Apt. / Suite #;	City;	State;	Zip Code
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☐ additional pages**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH**

2004 JAN 15 COVER SHEET PG 2

14 C/OH NAME Patti radle		15 ACCOUNT # (Ethics Commission filers)
16 NOTICE FROM POLITICAL COMMITTEE(S) N/A <input type="checkbox"/> additional pages	.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS
17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)	
18 CONTRIBUTION TOTALS EXPENDITURE TOTALS OUTSTANDING LOAN TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ N/A
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,140.00
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ N/A
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,268.86
	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder
Patti Radle

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Patti Radle, this the 15th day of January, 2004, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

2004 JAN 15 AM 8:38

Candidate/Offholder Campaign Finance Report

TOTAL PAGES FILED	14
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3 CANDIDATE/ OFFICEHOLDER NAME	TITLE	FIRST	MI
		MARY	PATRICIA
	NICKNAME	LAST	SUFFIX
	PATTI	RADLE	

4 CANDIDATE/ OFFICEHOLDER ADDRESS	1202 TAMPICO ST SAN ANTONIO	TEXAS	78207
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5 CAMPAIGN TREASURER NAME	CONNIE	R
	RODRIGUEZ	

6 CAMPAIGN TREASURER ADDRESS	1407 EL PASO	SAN ANTONIO	TEXAS	78207
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7 CAMPAIGN TREASURER PHONE	210	223-4683
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8 REPORT TYPE	15-Jan
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9 PERIOD COVERED	7/1/03	THROUGH	12/31/03
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10 ELECTION

11 OFFICE HELD	DISTRICT 5	COUNCIL
	REPRESENTATIVE	

13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
SEE ATTACHED

14 C/OH NAME	PATTI RADLE
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16 NOTICE FROM POLITICAL COMMITTEE	N/A
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17 NO REPORTABLE ACTIVITY	N/A
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C/OH NAME	PATTI RADLE
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18 CONTRIBUTION TOTALS	1	TOTAL CONTRIBUTIONS OF \$50 OR LESS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	N/A
	2	TOTAL POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES, LOANS OR GUARANTEES OF LOANS	\$1,140.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED	N/A
	4	TOTAL POLITICAL EXPENDITURES	\$2,268.86
OUTSTANDING LOAN TOTALS	5	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	

19 AFFIDAVIT	SEE	ORIGINAL	FORM
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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

2004 JAN 15 AM 8:38

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1: 2	
2 FILER NAME Patti Radle		3 ACCOUNT # (Ethics Commission filers) N/A	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) (see attached)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			



POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES
OR LOANS

SCHEDULE A 1

PATTI RADLE CAMPAIGN FOR DISTRICT 5
Contributions thru Dec 31st for Semi-Annual Report

Income from July 01, 2003 through December 31, 2003

	DATE	LAST NAME	FIRST NAME	ADDRESS	ZIP	AMOUNT
1	07/11/03	Freeman	Larry	18710 Rogers Pass	78258	100.00
2	05/26/03	Bain	Pamela & Henry	1026 Central Pky S	78232	70.00
3	06/03/03	Turner, Collie	& Braden PAC	P O Box 130089 Houston Tx	77219	110.00
4	08/05/03	Guyer	Madeline	unknown		125.00
5	10/31/03	Sepulveda	Mr & Mrs Frank	211 Mecca Dr	78232	100.00
6	10/31/03	Mendez	Roy & Donna	100 Shalimar Dr	78213-2605	100.00
7	10/31/03	Gossen	Steven & Helena	338-344 Terminal Market	78207	100.00
8	10/31/03	Sepulveda	Joseph & Patricia	750 Merida	78207	100.00
9	10/31/03	Catalani	Dan	1500 Zarzamora	78207	200.00
10	01/04/04	Mendez	Joseph & Laura	13314 Thornridge Ln.	78232	100.00
11	01/04/04	Washer	Phineas & Sylvia	14802 Dancers Image	78248-0909	35.00
				TOTAL		1,140.00

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PLEDGED CONTRIBUTIONS**SCHEDULE B1**

2004 JAN 15 AM 8:38

FOR FORMS C/OH, SC-C/OH, SC-SPAC, & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.				1 Total pages this Schedule B1: <div style="text-align: center;">1</div>	
2 FILER NAME <div style="text-align: center;">Patti Radle</div>				3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED PLEDGES: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$					
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">N/A</div>	8 Amount of pledge (\$)	9 In-kind description (if applicable)		
7 Pledgor address; City; State; Zip Code					
10 Principal occupation (optional)			11 Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)		
Principal occupation (optional)			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)		
Principal occupation (optional)			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)		
Principal occupation (optional)			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)		
Principal occupation (optional)			Employer (optional)		
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of pledge (\$)	In-kind description (if applicable)		
Principal occupation (optional)			Employer (optional)		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
 If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



LOANS**SCHEDULE E**

2004 JAN 15 AM 8:38

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule E: <div style="text-align: center;">1</div>	
2 FILER NAME <div style="text-align: center;">Patti Radle</div>		3 ACCOUNT # (Ethics Commission filers)	
4 TOTAL OF UNITEMIZED LOANS: ⇒ ⇒ ⇒ ⇒ ⇒ ⇒ \$			
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="text-align: center;">N/A</div>		9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code		10 Interest rate
			11 Maturity date
12 Description of Collateral <input type="checkbox"/> none			
13 GUARANTOR INFORMATION <input type="checkbox"/> not applicable		14 Name of guarantor 15 Guarantor address; City; State; Zip Code	
16 Amount Guaranteed (\$)			
17 Principal Occupation		18 Employer	
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code		Interest rate
			Maturity date
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION <input type="checkbox"/> not applicable		Name of guarantor Guarantor address; City; State; Zip Code	
Amount Guaranteed (\$)			
Principal Occupation		Employer	
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES

SCHEDULE F

2004 JAN 15 AM 8:38

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2

2 FILER NAME

Patti Radle

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

(see attached)

7 Amount (\$)

6 Payee address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Patti Radle Campaign For District 5
Expenditures thru December 31st for Semi Annual Report

Expenditures from July, 01, 2003 through December 31, 20003

<u>DATE</u>	<u>PAYEE NAME</u>	<u>ADDRESS</u>	<u>AMOUNT</u>	<u>PURPOSE OF PAYMENT</u>
07/12/03	SBC	One SBC Center San Antonio Tx 78219	\$58.61	phone
07/31/03	Laredo National Bank	P O Box 59 Laredo Tx 78042	\$12.50	Monthly Service Fee - May
07/31/03	Laredo National Bank	P O Box 59 Laredo Tx 78042	\$12.50	Monthly Service Fee - June
07/31/03	Laredo National Bank	P O Box 59 Laredo Tx 78042	\$12.50	Monthly Service Fee - July
08/10/03	Patti & Rod Radle	1202 Tampico San Antonio, Tx 78207	\$1,000.00	Loan Repayment
08/31/03	Laredo National Bank	P O Box 59 Laredo Tx 78042	\$12.50	Monthly Service Fee - Aug
09/30/03	Zorola Consulting	7626 Triple Leaf China Grove, Tx 78263-5039	\$520.50	Campaign Computers
09/03/03	Office Depot	2321 S W Military Drive San Antonio Tx 78224	\$44.97	Stationary for Thank You's
09/03/03	US Postal Service	Arsenal Station San Antonio Tx 78204	\$111.00	Stamps
09/17/03	La Prensa	320 S Flores St San Antonio Tx 78204	\$100.00	Ad for Deis y Seis
09/30/03	Laredo National Bank	P O Box 59 Laredo Tx 78042	\$12.50	Monthly Service Fee - Sept.
10/31/03	Laredo National Bank	P O Box 59 Laredo Tx 78042	\$12.50	Monthly Service Fee - Oct.
11/30/03	Laredo National Bank	P O Box 59 Laredo Tx 78042	\$12.50	Monthly Service Fee - Nov.
12/15/03	Bill Miller's	2823 W Commerce San Antonio, Tx 78207	\$158.14	District 5 Advisory Party
12/16/03	HEB	108 N Rosillo San Antonio Tx 78207	\$48.14	Gifts for After School Program
12/30/03	Laredo National Bank	P O Box 59 Laredo Tx 78042	\$12.50	Monthly Service Fee - Dec.
10/31/03	Laredo National Bank	P O Box 59 Laredo Tx 78042	\$12.50	Monthly Service Fee - Oct. Off Acc
11/30/03	Laredo National Bank	P O Box 59 Laredo Tx 78042	\$12.50	Monthly Service Fee - Nov. Off Acc
12/30/03	Laredo National Bank	P O Box 59 Laredo Tx 78042	\$12.50	Monthly Service Fee - Dec. Off Acc
11/24/03	Mary Martinez	1514 W Durango San Antonio, Tx 78207	\$90.00	Lanier Scholarship Dance
TOTAL			\$2,268.86	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

2004 JAN 15 AM 8:39 SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:
1

2 FILER NAME

Patti Radle

3 ACCOUNT # (Ethics Commission filers)

4 Date

N/A

5 Payee name

N/A

6 Payee address;

City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

8 Amount
(\$)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

☐ Reimbursement
from political
contributions
intended

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

☐ Reimbursement
from political
contributions
intended

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**PAYMENT FROM POLITICAL CONTRIBUTIONS
TO A BUSINESS OF C/OH**

SCHEDULE H

2004 JAN 15 AM 8:39

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule H:

1

2 FILER NAME

Patti Radle

3 ACCOUNT # (Ethics Commission filers)

4 Date

N/A

5 Business name

N/A

7

Amount
(\$)

6 Business address; City; State; Zip Code

8 Purpose of payment (See instructions regarding type of information required.)

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Business name

Amount
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

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**NON-POLITICAL EXPENDITURES
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I:

1

2 FILER NAME

Patti Radle

3 ACCOUNT # (Ethics Commission filers)**4** Date

N/A

5 Payee name

N/A

6 Payee address;

City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)**8**Amount
(\$)

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)

Date

Payee name

Payee address;

City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

CREDITS (optional)**SCHEDULE K**

2004 JAN 15 AM 8:39

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule K: 1
2 FILER NAME Patti Radle		3 ACCOUNT # (Ethics Commission filers)
4 Date N/A	5 Payor name N/A 6 Payor address; City; State; Zip Code 7 Reason for credit	8 Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)
Date	Payor name Payor address; City; State; Zip Code Reason for credit	Amount (\$)

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